

MULTIPLE DENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09 674817 FILING DATE

APPLICANT

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.						
1	1				51					
2	1				52					
3					53					
4	3				54					
5	1				55					
6	1				56					
7	1				57					
8	1				58					
9	1				59					
10	1				60					
11	1				61					
12	1				62					
13	1				63					
14	1				64					
15					65					
16	1				66					
17	1				67					
18	1				68					
19	1				69					
20	1				70					
21	1				71					
22	1				72					
23	1				73					
24	1				74					
25	1				75					
26	1				76					
27	1				77					
28	1				78					
29	1				79					
30	1				80					
31	1				81					
32	1				82					
33	1				83					
34	1				84					
35	1				85					
36	1				86					
37	1				87					
38	1				88					
39	1				89					
40	1				90					
41					91					
42					92					
43	1				93					
44	1				94					
45	1				95					
46	1				96					
47	1				97					
48	1				98					
49	1				99					
50					100					
TOTAL IND.	1				TOTAL IND.					
TOTAL DEP.	27	27	22	22	TOTAL DEP.					
TOTAL CLAIMS	28	28	23	23	TOTAL CLAIMS					